PTO/SB/17 (01-06)
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Under the Participant Reduction at the first of 1995 no persons are required to respond to 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2006

| TOT | AL AMOUNT OF PAYMENT            | (\$)   | 910.00         |    |
|-----|---------------------------------|--------|----------------|----|
|     | Applicant claims small entity s | tatus. | See 37 CFR 1.2 | ?7 |
|     |                                 | -      |                |    |

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| Complete if Known  |                  |  |  |  |  |  |  |  |
| Application Number   | 10/645,520       |  |  |  |  |  |  |  |
| Filing Date  | August 22, 2003  |  |  |  |  |  |  |  |
| First Named Inventor   | Joachim TACHTLER |  |  |  |  |  |  |  |
| Examiner Name  | J. Crepeau       |  |  |  |  |  |  |  |
| Art Unit   | 1745             |  |  |  |  |  |  |  |
| Attorney Docket No.  | 080437.52615US   |  |  |  |  |  |  |  |

| 101742741100111101  |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
|---|------------------------------------|-------------------|--------------|---------------------|---------------------|------------------------|--------------------------------|--|--|--|--|--|--|
| METHOD OF PAYMENT (check all that apply)  |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
| ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):   |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
| □ Deposit Account     □   | Deposit Account Numl               | ber: <b>05-</b> 1 | 1323 (Docket | No. 080437.52615    | US) C               | Deposit Account N      | ame: 23911                     |  |  |  |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
| ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
| ☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments   |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
| under 37 CFR 1.16 and 1.17  |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
|   |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
| information and authorization on PTO-2038.  |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
| FEE CALCULATION   |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
|   | FILING FEES SEARCH FEES EXAMINA    |                   |              |                     | EXAMINATION         | ON FEES                |                                |  |  |  |  |  |  |
|   |                                    | Small Entity      |              | Small Entity        |                     | Small Entity           |                                |  |  |  |  |  |  |
| Application Type  | Fee (\$)                           | Fee (\$)          | Fee (\$)     | <u>Fee (\$)</u>     | <u>Fee_(\$)</u>     | Fee (\$)               | Fees Paid (\$)                 |  |  |  |  |  |  |
| Utility   | 300                                | 150               | 500          | 250                 | 200                 | 100                    |                                |  |  |  |  |  |  |
| Design  | 200                                | 100               | 100          | 50                  | 130                 | 65                     |                                |  |  |  |  |  |  |
| Plant   | 200                                | 100               | 300          | 150                 | 160                 | 80                     |                                |  |  |  |  |  |  |
| Reissue   | 300                                | 150               | 500          | 250                 | 600                 | 300                    |                                |  |  |  |  |  |  |
| Provisional   | 200                                | 100               | 0            | 0                   | 0                   | 0                      |                                |  |  |  |  |  |  |
| 2. EXCESS CLAIM FEE   | S                                  |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
| For Deposited on  |                                    |                   |              |                     |                     | P - (A)                | Small Entity                   |  |  |  |  |  |  |
| Fee Description   |                                    | h -1-1 00         |              | !                   |                     | Fee (\$)               | Fee (\$)                       |  |  |  |  |  |  |
| Each claim over 20 or   |                                    |                   |              | •                   | •                   | 50                     | 25                             |  |  |  |  |  |  |
| Each independent cla  |                                    | eissues, each in  | aepenaent ci | aim more than in    | the original pate   |                        | 100                            |  |  |  |  |  |  |
| Multiple dependent cl   |                                    | F (8)             | 5 D-1        | 1 (6)               |                     | 360                    | 180                            |  |  |  |  |  |  |
| Total Claims<br>-20 or l  | Extra claims                       | Fees(\$)          | Fee Paid     | <u>1 (\$)</u>       | Multiple Dependence |                        |                                |  |  |  |  |  |  |
| HP = highest number of total  |                                    | _ ^               |              | <del></del>         | <u> </u>            | ee(S)                  | Fee Paid (\$)                  |  |  |  |  |  |  |
| Indep. Claims   | Extra claims                       | Fees(\$)          | Fee Paid     | 1 (\$)              |                     |                        |                                |  |  |  |  |  |  |
| - 3 or h  |                                    | x                 | =            | - 141               |                     |                        |                                |  |  |  |  |  |  |
| HP = highest number of total  |                                    | eater than 3      |              |                     |                     |                        |                                |  |  |  |  |  |  |
| 3. APPLICATION SIZ  |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
| If the specification and  |                                    | 100 sheets of n   | aner the ann | lication size fee   | due is \$250 (\$12  | 25 for small entit     | ty) for each                   |  |  |  |  |  |  |
| additional 50 sheets of   |                                    |                   |              |                     |                     | 20 TOT OTHER OTHER     | .,, 101 00011                  |  |  |  |  |  |  |
| Total Sheets  | Extra Sheets                       | Nu                | mber of each | additional 50 or fr | action thereof      | Fee (\$)               | Fee Paid (\$)                  |  |  |  |  |  |  |
| - 100 =   |                                    | / 50 =            | R            | ound up to a whole  | number x            |                        | =                              |  |  |  |  |  |  |
| 4. OTHER FEES   |                                    |                   |              |                     | •                   |                        |                                |  |  |  |  |  |  |
|   |                                    |                   |              |                     |                     |                        | Fee Paid (\$)                  |  |  |  |  |  |  |
| Request for Continued Exa   | mination                           |                   |              |                     |                     |                        | \$790.00                       |  |  |  |  |  |  |
| Petition for Extension of Tin   |                                    | \$120.00          |              |                     |                     |                        |                                |  |  |  |  |  |  |
|   |                                    |                   |              |                     |                     |                        |                                |  |  |  |  |  |  |
| SUBMITTED BY  |                                    | 1-7               |              |                     |                     |                        |                                |  |  |  |  |  |  |
| Ciamatura   | 2110                               | 7) //.l.          |              | gistration No.      | 22 460/42 020       | Tolophons              | (202) 624 2500                 |  |  |  |  |  |  |
| Signature Name (Print/Type)   | Jeffrey D. Sanok / Mark H. Neblett |                   |              |                     |                     | Telephone<br>Date Augu | (202) 624-2500<br>ist 11, 2006 |  |  |  |  |  |  |
| rame (Fillib Type)  | Deniey D. Sallok                   | , mark ii. itebi  | <u> </u>     |                     |                     | Late Augu              | 31.11, 2000                    |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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